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Original Communications.

ANASARCA DURING PREGNANCY,

Without Evidence of Renal Disease, or Convulsions during Labor. Death by Peritonitis and Acute Nephritis nineleen days after Labor.

Reported to the Obstetrical Society of Boston by S. L. Abbot, M.D.

Mrs. C. was taken with pains September 30th, and at noon was in active labor at full term of her second pregnancy, the first having ended in abortion at an early period, the previous year. The head was above the superior strait, and the pains were somewhat urgent. Os open about an inch, with thin, yielding edges; the membranes were shortly ruptured by the finger-nail. Labor progressed slowly, the pains being deficient in expulsive force. At 5, P.M., it was decided to apply the forceps, two doses of twenty drops each of fluid extract of ergot having been given at intervals of twenty minutes, with some effect to in-crease the pains. The head being in the superior strait, with the sagittal suture in the antero-posterior diameter, the blades were applied over the ears, and the delivery was accomplished without difficulty. The child—which weighed, by estimate, from five to six pounds—breathed with difficulty, at first, the throat being much obstructed by mucus, and the inspirations occurring only at considerable intervals. The cord was pulsating at birth, and before long the function of respiration was fully established. The placenta was deli-vered with considerable difficulty, the ute-rus having closed firmly around it during the time occupied with resuscitating the child. It was necessary to put the patient under the full influence of ether before it could be removed. It should be mentioned that ether was given during the delivery by forceps. The uterus contracted at once after the delivery of the placents, and twenty drops of tinct. opii deodorata were Vol. VIII.—No. 20

given soon after, and the dose was repeated at 10, P.M.

Previous to her confinement, Mrs. C. had been for some weeks much troubled by been for some weeks much troubled by anasarca of the legs, which towards the close of pregnancy became excessive, and was accompanied by moderate cedema of the face and hands. My attention was called to this about three weeks before confinement, although it had existed for some time previously, the patient not having thought much about it, as the women about her said it was "a good sign." A single specimen of the urine was tested at that time, and nothing abnormal was detected about it. As the dropsical effusion gave the patient much annoyance a diuretic was prescribed, which did not afford much relief. Towards the end of pregnancy there was considera-

The patient was comfortable for fortyeight hours after confinement, and milk be gan to be secreted; the anasarca had dis-appeared. At this time a troublesome cough came on, which distressed her very much from the concussion it gave to the uterus. This subsided in four or five days, the secretion of milk becoming sufficient for the child's wants. On one occasion I was hurriedly summoned to the patient, and found her suffering great abdominal pain, with tympanites and considerable tenderness, and in great alarm, fearing abdominal inflammation; the lochia and the milk, however, were not suppressed. The symptoms yielded to a few doses of mor-phia, and the patient was quite comfortable the next day. Attendance was discontinued on the 10th of October.

Oct. 18th.—Mr. C. called on me in the evening, and said his wife had just had a very severe chill, lasting, he thought, fifteen minutes, followed by a profuse perspiration and some abdominal pain. She had been up a good deal during the day, and expressed herself as feeling "nicely." There was no fire in the room, but the patient was

great suffering. The abdomen was very full, resonant, excessively sensitive to the touch and very painful, the pain increasing at intervals, causing her to cry out with agony. Pulse 133, of moderate strength. Temp. 100.6°. As there had been no evacuation for twenty-four hours, the patient had of her own accord taken a dose of rhubarb, which was vomited during the visit. Secretion of milk suspended. As she had been relieved of similar but less severe symptoms by moderate doses of morphia, the following recipe was prescribed :-

R. Morphiæ sulph. sol., f3ss.; Sp. etheris sulph. c., mxv.; Aq. menthæ piperitæ, mxv.; Potass. bromid., gr. vi.

To be taken every two hours until relieved. 20th.—The pain gradually subsided after four or five doses of the anodyne had been taken, but at about 10, P.M., Mrs. C. began to lose her intelligence, answering ques-tions rationally when roused, but talking incoherently most of the time, in a state between sleeping and waking, throwing her arms about, or raising them at full length from the bed. At the time of visit, 10, A.M., she was easily roused, and in answer to inquiry said she was quite comfortable, but at once fell into a doze. Pupils much contracted, but sensitive to light.
Pulse 144, small, weak. Skin cool to the
touch; palms clammy. No urine had been
passed since 10, P.M., of the 19th, and from two to three ounces was drawn by the catheter. The patient lay most of the time in a semi-conscious state, moaning at intervals.

R. Potass. acet., 3ss.; Syrup. scillæ, } āā f3ss. M.

To be given every two hours, and sinapisms

to be applied to the loins.

4, P.M.—Dr. Ellis saw the patient in consultation. She was in a similar condition to that of the morning, but more quiet; could be roused without much difficulty, and made no complaint. Had passed no urine since morning visit. Temperature 104.4°. Although the case seemed desperate, it was decided to give hydrarg. submur. and pulv. jalapæ āā gr. x., a second dose of half the quantity at the end of three hours, if no effect from the first; and this to be repeated, if necessary, in three hours. The patient died at midnight, having a slight involuntary evacuation from the bowels at the last moment.

A specimen of the urine of the 19th, which was passed freely, was obtained and examined, as well as the urine drawn by

the catheter on the 20th. That of the 19th was pale, moderately acid, and contained a flocculent cloud of mucus. No albumen was detected, either by boiling or by nitric

acid. Sp. gravity 1010.
Urine of the 20th, in too small quantity for its specific gravity to be measured by the urinometer,* was of the color of cider, moderately acid and decidedly albuminous. A considerable number of pus corpuscles, and a few blood globules and crystals of oxalate of lime, with some vesical epithelium, but no casts, were seen under the

microscope. Autopsy, fifteen hours after death. Abdomen enormously distended and tympanitic. On laying it open, general peritonitis was found, the intestines being more or less covered by recent lymph, and a considera-ble quantity of pus, by estimate a quart, being contained in its cavity; no adhesions were observed.

Kidneys. - The kidneys were large, smooth, of a light-red color, and the investing membrane was easily detached. Dr. Ellis, who kindly assisted me in the autopsy, and removed a portion for microscopical examination, gives me the follow-

ing report:—
"The kidney was soft, loose, of a light
"The kidney was soft, loose, showed the red color. The microscope showed the tubuli filled with cell-elements, which were also floating everywhere in the field, of various shapes and sizes, as is usual when the development has been rapid and the compression great. The appearances were such as are usually seen in what has been called acute desquamative nephritis."

The interesting points in this case may be summed up as follows:—

First. Anasarca for some weeks before, and continuing up to the time of labor, leading, on the part of the attending physician, to apprehension of puerperal convulsions during labor, but without any evidence, in the single specimen of urine examined, of any morbid condition of the kidneys.

Second. Difficult labor, delivery by for-

ceps, but no convulsions.

Third. Severe bronchitis, during the first week after delivery, followed by alarming threatenings of peritonitis; complete relief from these conditions, with fair convalescence, enabling the mother to nurse her

Fourth. Nineteen days after confinement,

At this time the method of ascertaining the specific gravity of small quantities of urine, communicated to this JOURNAL by the reporter (New Series, vol. vi. p. 376), had not occurred to him.

and nine after medical attendance had ceased, a sudden invasion of peritonitis, with scanty secretion of urine, and death in fiftythree hours.

It is, of course, impossible to say how long the nephritis, which was shown by the autopsy, had existed. It is quite possible that it may have existed before confinement, notwithstanding no albumen was observed in the single specimen of urine examined at that time, and that the bronchitis and subsequent peritonitis were such as are often incident to this disease, where it exists independently of pregnancy, and not due to external causes. The peritonitis would seem to have revived the nephritis, which led to a fatal result in a very brief period, the relief to the pain by small doses of morphia making it probable that the power of the drug was seconded by the stupor of uræmia. In this connection it is interesting to contrast the condition of the urine on the two successive days, on the 19th and 20th of October. Whether anything could have been done to avert the fatal issue in this case by early treatment with reference to the probable disease of the kidneys at that time cannot, of course, be said. The case is instructive, however, as an added illustration of the significance of the anasarca of pregnancy.

A NEW USE OF CARBOLIZED CATGUT LIGATURES.

Read before the Middlesex County Medical Society, Oct. 11, 1871. By HENRY O. MARCY, M.D., Cambridge.

Among the benefits conferred by carbolic acid on the medical profession, the antiseptic carbolized catgut ligature of Lister promises to take a requirement position

mises to take a prominent position.

This ligature is prepared by soaking the ordinary catgut of the shops, made from the intestines of the sheep, in five parts of fixed oil (olive or linseed), and one part of carbolic acid rendered liquid by adding five per cent. of water. Catgut, before being thus prepared, is rendered soft and slippery by being immersed in water, is by no means strong, and is entirely unfitted for the purpose of ligatures; but after a few weeks' suspension in this fluid, it is translucent, and upon immersion in water or the fluids of the body, it undergoes no immediate change, and for days together the knots retain a firm hold.

Prof. Lister, after experimenting with carbolized silk ligatures, found that, although

the wound healed easily, leaving the ligature enclosed, usually the softened fibres of the silk acted as an irritant, and were discharged later by the processes of suppuration. He had frequently noticed under antiseptic dressings that clots of blood and large pieces of dead skin and other tissues had disappeared without suppuration, and therefore inferred that small pieces of animal texture, if applied antiseptically, would be similarly disposed of. Acting upon this thought, he has given us the before-mentioned, prepared catgut ligature.

Lister has shown that this ligature, in a

Lister has shown that this ligature, in a wound kept antiseptic, is converted into a form of germinal matter, and is either transformed into, or replaced by connective tissue cells, thus making a wing band to enclose, construct and support the surrounded

The importance of these results, as applied to the ligature of vessels, especially those of large size in close proximity to important branches, can be seen at a glance. Accepting these results as satisfactory, it has occurred to me that the use of these ligatures may have a wider application than for the obliteration of vessels, and in illustration of this, I would cite the two following cases of direct inguinal hernia which have recently fallen under my observation.

On the 19th of last February, I was called in consultation, by Dr. A. P. Clarke, of Cambridge, to see Mrs. M., a-washerwoman, set. 60, who had for years suffered from hernia. Five days previous she had been suddenly seized with severe pain and vomiting, with chill, and had been confined to her bed since that time. Long-continued and careful taxis had failed to reduce the hernia, and for twenty-four hours the vomiting had been stercoraceous, and the patient seemed in extremis. The hernial tumor seemed in extremis. was of the size of an egg, protruding from the external inguinal ring. A careful dissection exposed the sac, composed of the fascia lata and conjoined tendon which was closely adherent to the surrounding parts. The constriction was in the ring, bounded below by Poupart's ligament and above by the transversalis fascia and conjoined tendon. The stricture was divided in the usual way, with the hernial knife carefully introduced upon the finger. This was with some difficulty accomplished, owing to the constriction of the ring. The sac, unopened, was then pushed up with its contents into the abdominal cavity, and two stitches of medium-sized catgut ligature were taken directly through the walls of the ring. The wound was dressed antiseptically, and from Dr. Clarke's notes, taken at the time-which he has kindly furnished me-I find the patient complained of no pain, and steadily progressed without serious accident, and was discharged, convalescent, March 12th.

The wound was not entirely closed by first intention, but a careful daily examination showed no trace of our ligatures, and an abundant deposition of new tissue could an abundant deposition of new dissections the felt in the line of the opening about the walls of the ring. This has proved a radical cure of the hernia, and a firm, hardened deposit may still be felt marking the closure. The ligatures were first suggested to my mind because the patient suffered severely from an asthmatic cough, and it was at least desirable to secure a temporary strengthening of the weakened ring.

Mrs. L., aged about 45, approaching the

climacteric period, had been very much reduced by excessive menorrhagia, and upon March 10th, my attention was called to an old, direct, inguinal hernia of the left side, usually supported by a truss, which had come down the night previous and defied

the patient's efforts to replace.

After two attempts to reduce the hernia, under ether, had failed, assisted by Dr. W W. Wellington, of this city, I operated as in the first instance, dividing the constricting ring and replacing the sac and its contents unopened. Three carbolized ligatures were applied through the walls of the ring, and the wound carefully dressed with car-bolized lac plaster. As in the first place, there was complete absence of pain—the wound united without suppuration-there was an abundant deposit of new material about the ring, and when last examined, in June, the cicatrix was linear, but a firm, hard deposit of new tissue could be felt marking the site of the sutures. It is, per-haps, needless to add, the cure is radical, and in neither case has the patient used a truss since the operation. On the 7th of April, my attention was called to the wound by the patient, who felt then a slight uneasiness, and I discovered a small swelling in the cicatrix, about the size of a bean. This. upon being opened, discharged a drop or two of pale, serous-looking fluid, which microscopic examination proved free from pus cells, but containing abundance of epi-thelium and a few shreds of connective tissue cells. It might be a question of doubt, but the latter appeared to be minute portions of one of the ligatures.

As far as my observation has extended, this is a new use of the carbolized catgut ligature, and suggests a still wider field of ligature, and suggests a still wider field of So many absurd ideas on the subject pre-application. No method of operation for vail, that it is desirable to know the real

radical cure of hernia appears more feasible, is probably attended with less danger, and at the same time affords a means of closing and strengthening the weakened ring, which is so desirable, and yet, with all the ingenious devices of surgery, is so difficult to obtain.

CASE OF CYANOSIS, WITH AN UNUSUAL SYMPTOM.

By G. J. Townsend, M.D., South Natick. .

THE parents of the child were healthy; the father 30 years older than the mother, who was a second wife, and a primipara. The child, a female-the usual sex under the circumstances—was apparently well formed. Presentation by the breech, the labor not otherwise noticeable. The cerulean tint showed itself within six hours, accompanied by convulsive paroxysms, leaving the little patient nearly lifeless. The attacks continued with more or less frequency for thirty-six hours; the last spasm was followed by a decided epistaxis—to the amount of 3ji, ad iij. This ceased, and the nurse found the napkins stained, and a distinct, rather profuse, sanguineous discharge issuing from the vagina. This was arrested in about forty-eight hours, by weak alum-water injections. The child was freely stimulated, began to revive, took the breast and steadily improved from that hour. All traces of the cardiac derangement disap-peared, and the child is now, apparently, as healthy a specimen, at six months of age, as the neighborhood affords.

Selected Papers.

SUMMARY OF EXPERIMENTS ON THE IN-FLUENCE OF SNAKE-POISON.

By J. FAYRER, M.D., C.S.I.

THE experiments, of which this is a summary, were commenced in October, 1867, and have been continued as regularly since, at such intervals as time and other and more important avocations permitted. My object has been to determine, by actual observation, the effect on life of the poison of the venomous snakes of this country, and to test the value of remedies, whether internal or external.

truth, not less with reference to the actual modus operandi of the poison, than to the value of the many vaunted antidotes. The results, I regret to say, tend to show that, in the present state of our knowledge, we can do little to counteract or neutralize the action of the poison; but what may be expected from treatment I have endeavored to show.

As to antidotes, I would speak with reserve on the subject of possible future discoveries; my experience does not encourage me to hope that we shall discover anything that can be regarded as an antidote,

such as is generally meant by that term.

My personal experience is derived from
the action of the poison in the lower animals, and a few cases in man; the antagonism of the venom to the vital forces is
shown in one as well as in the other, and is
no doubt subject to the same laws. The
deductions from one are applicable to the
other.

The greatest care has been observed in all the experiments, and most of them have been often repeated, to exclude, as far as possible, sources of error, and to obviate generalization from insufficient data.

Almost every experiment has been witnessed by competent observers, to whom I am much indebted for their assistance, and for the additional value which their presence attaches to the validity of what was done.

The object of investigation has been the simple truth. I can safely say there was neither foregone conclusion to maintain nor theory either to support or oppose.

The symptoms produced by the poison, both constitutionally and locally, have been carefully noted. The state of the blood has also been examined, especially with reference to structural changes—and for this part of the investigation I have been much indebted to Professors Partridge, Ewart, W. Palmer, J. Anderson and Cunningham.

Local paralysis of the bitten part, great depression, faintness, exhaustion, nausea, vomiting, hæmorrhage, relaxation of the sphincters, involuntary evacuation, not unfrequently of a sanguineous or muco-sanguineous character, precede the complete loss of consciousness, and, after this, convulsions occur just before life ceases.

From experiment, I have arrived at the following conclusions:—Snake-poison acts with most vigor on the warm-blooded animals.

The power of resistance is generally in relation to the size of the animal, though not altogether so; cats, for example, resist course, any abrasion or scratch, however

the influence of the poison almost as long as dogs three or four times their size.

Snake-poison is absorbed through delicate membranes. It is deadly when applied to a mucous or serous membrane, to the stomach or conjunctiva. The idea that it is only capable of absorption by direct injection into the blood is erroneous.

The blood of animals poisoned to death by the colubrine snakes coagulates after death. That of animals poisoned by the

viperide remains permanently fluid.

The bodies of animals poisoned by snakes are eaten with impunity by man and animals. I have had repeated proofs of this. The fowls and pigeons killed in my experiments were always taken away and eaten by the sweepers who were present, and who sought them greedily. They were not unfrequently given to dogs or cats; no harm followed.

The blood of an animal dead from snakepoisoning is itself poisonous; if injected
into another animal it destroys life. This
shows the intensity of the poison; a drop
or two diluted with the blood of a fowl or
animal renders the whole poisonous. Venomous snakes, though not at all, or very
slightly, affected by snake-poison, are very
susceptible to other poisons, such as strychnine or carbolic acid. The latter destroys
them very rapidly, and they seem to regard
it with peculiar aversion. Poisonous snakes
are not as a general rule very aggressive,
except perhaps the echis. They seek to be
left in quiet, to be let alone. They bite
only if disturbed or irritated, and even then
they often will not bite, but make one or
two strikes at the enemy as if to frighten it.

two strikes at the enemy as if to frighten it.

In my experiments, I had always the greatest difficulty to get the cobra, krait, or dabois to bite voluntarily. An animal may remain in a cage or box with a cobra or daboia a very long time before it is injured, and perhaps, after all, it is taken out untouched, even after trampling on and bruising the snake, in its efforts to escape from its enemy, which is as much frightened as itself. There is much hissing and demonstration of attack, but frequently nothing done. If pressed, and over-teased, they bite at last, and if they insert their fangs and retain their hold, the bite is generally fatal.

Snakes frequently strike and even wound without poisoning, or very slightly so. The fang merely scratches and makes a tear, but if inserted and retained for a second the poisonous bite has then been inflicted. Of

trivial, may be dangerous, as some of the virus may be inoculated or shed over it, probably not enough to kill, but sufficient to cause dangerous symptoms.

The poisonous snakes when they either shed or lose by accident their fangs, regain new ones, in from a few days to a month or six weeks .- Australian Med. Gazette from Indian Med. Gaz.

TREATMENT OF GANGLION.

RECENT numbers of the British Medical Journal contain a series of reports from the principal London Hospitals on the mode in which the common affection termed ganglion is treated, and the following are amongst the more important methods that have been placed on record: Mr. Wood asses a spear-pointed needle, cutting on both edges and mounted on a handle, into the cyst, and made to transfix it again and again so as to let out the synovial contents into the arcolar tissues of the surrounding fascia. The needle is then made to scarify briskly the interior of the cyst, and is used pretty freely in dividing the cyst-wall, at its opening of communication with the sheath of the tendon. Pressure is then made with both thumbs upon the tumor, so as to squeeze out completely its contents, partly into the subcutaneous areolar tissue, and partly out through the opening in the skin by which the needle entered. lodine paint is then applied thickly over the surface, and upon it a thick pad of lint, over which firm pressure is made by a bandage. This is kept on for several days, after which the iodine paint is again applied, and the pres-sure readjusted. After a few applications in this way, the tumor seldom reappears; and if it do so, a repetition of the process rarely fails to succeed. No case has been met with, out of many hundreds treated, in which suppuration or any bad results have followed this plan; but several cases in which a seton had been employed have given rise to much trouble and danger from erysipelatous inflammation and abscess, followed by stiffening, and in some cases permanent impairment of the use of the limb. Mr. Henry Smith passes a single ligature thread through the cyst, and allows it to remain according to circumstances. some instances, severe inflammation and even suppuration will be produced in fortyeight hours, and then the thread is to be withdrawn. In the majority of instances, however, especially when patients are care-ful not to use their hand, the seton may be

days to a week without producing any inconvenient symptoms; but so soon as suppuration takes place, Mr. Smith withdraws the thread, and the cure is almost invariable. It is necessary to bear in mind, in this treatment, that, in some constitutions and under certain conditions, the presence of the seton may produce very severe conse-quences; in fact, this is the only objection to the treatment. With care this rarely occurs; and there has only been one instance amongst Mr. Smith's patients at the hospital where bad results did happen. This was in the case of an unhealthy man. who applied with a ganglion as large as a crown-piece on the back of the wrist. Smith passed a seton. The patient did not apply until four days after, and in the mean-time most violent inflammation and suppuration occurred. Free incisions were necessary, and the wrist joint itself was threatened for a time; but the use of a splint and careful treatment prevented any mischief. The patient, however, was compelled to remain under treatment for several weeks. Sir H. Thompson applies, for ordinary and recently-formed ganglia about the wrist, tincture of iodine for four or six weeks, usually with good effect. If they resist this, he passes carefully through the centre, with a sharp needle, a double thread of silk, ties the two ends in a knot, and squeezes the contents out of the needle opening; and leaves the thread in for three days, applying water dressing. At the end of that time, if a purulent discharge be seen, and a little inflammation have taken place, Sir Henry removes the thread and applies water dressing: as a rule, there is no more trouble with the ganglion. If little or no action be produced by the tiny seton, he leaves it in a day or two longer. Sir Henry has never had occasion to regret this, but once an out-patient at the hospital, who did not attend at the end of three days, returned a week after the operation with erysipelatous inflammation of the arm. She did badly, and got some permanent stiffness of the hand in consequence. Mr. Christopher Heath endeavors to burst the cyst by pressure, and, failing this, punctures it with a grooved needle, and applies iodine paint for a few days. Mr. Howse finds a certain number of cases not curable by any of the above methods when the cyst-wall is thick and not capable of being replaced, or where it is situated under dense fascia, as in the palm of the hand. These are, he thinks, best and most expeditiously treated by excision of the cyst in the antiseptic mode. retained for a period varying from three The usual objection to this plan of treatment is the fear of diffuse inflammation supervening. The antiseptic method, however, entirely obviates this objection, and with it said he has no fear of opening the sheaths of tendons even extensively. The practice of a considerable number of other surgeons in respect to this disease is given in this and the following number of the journal.—British Med. Journal.

Reports of Medical Societies.

SELECTIONS FROM THE RECORDS OF THE OBSTET-RICAL SOCIETY OF BOSTON. SECRETARY, D. F. LINCOLN, M.D.

Nov. 12th, 1870.—The Society met at the house of Dr. Sinclair, at 7½, P.M. The President. Dr. Buckingham, in the chair.

Dr. Abbot read a report of a case of Peritonitis, with Acute Nephritis, fatal in the third week after delivery, there having been no grave symptoms during the labor, although it had been preceded by great anasarca. [See page 313 of the present number of this JOURNAL...]

Puerperal Eclampsia. — Dr. Ayer read notes of a case of eclampsia.

A general discussion followed, touching the question whether it were likely that much good could come from medication intended specifically to affect albuminous nephritis, or whether, on the other hand, cases of recovery were not rather to be attributed to the effect of judicious constitutional measures. Dr. Homans inclined to the latter alternative, Dr. Lyman to the former.

In reference to the subject of albuminous nephritis, Dr. Cotting remarked that his views coincided with those of Dr. Homans; but that, even in the case where there was probably no organic disease, we could do no more than keep the patient up till he has regained strength enough to throw off the attack.

Dr. Abbot saw no reason why astringents—gallic acid, for instance—in the course of elimination through the kidneys should not exert a positive influence upon the secreting structure; in fact, experience shows that they do.

Dr. Lyman spoke of the reasonable expectations that we might cherish of favorable effects from the use of simple diuretics in tubular nephritis. He knew of no disease more hopeful of cure, if seen early, judging from the results of his own experience.

Dr. Cotting spoke of the recovery of severe cases of scarlatinal dropsy, when in his despair he had ceased to give any medicine but mucilage. He alluded to the recovery from the dropsy of pregnancy without the use of drugs as sometimes a very striking phenomenon.

Dr. Lyman remarked that we might expect recovery from dropsy when one supposed cause—pressure of the gravid uteras—was removed. He cited such a case of entire recovery. He thought that some additional factor, beside the albuminuria, must be supposed, to account for the existence of convulsions in certain cases.

Dr. Abbot referred to the proved fact of recovery from destructive nephritic disease, as shown after death, the patient having succumbed to another affection.

Dr. Reynolds suggested that there still remains the question whether after the occurrence of albuminuria in several successive pregnancies the kidneys can escape permanent lesion.

Dr. Sinclair remarked that in some cases, where there were neither casts nor albumen present, the continued low specific gravity influenced him—and rightly—in inferring the presence of Bright's disease.

Dr. Edson spoke of a patient of his who was prematurely delivered a year ago, and who probably had had Bright's disease for two years previous. She made, however, a good recovery, and at present she is nearly well of her complaint, being free from dropsy, very rarely having casts inthe urine, and only occasionally albumen, and this in a much less amount than formerly.

· DEC. 10th, 1870. The President in the chair.

Pelvic Hamatocele immediately following Delivery.—Dr. Sinclair reported the case.

The patient, a primipara, was delivered on the 4th inst., after twenty-six hours of difficult labor. The outlet of the vagina was narrow and rigid. According to the usual practice of Dr. S., ergot was given immediately after the birth of the child. Excessive pains followed, with a burning sensation in the rectum; the latter being a not uncommon symptom after severe labors. Dr. Sinclair went home in an hour; was sent for an hour later, with the message that the woman was "much swollen." He prescribed twenty-five drops of laudanum, without visiting her. Next morning he found the entire right labium, and the adjoining parts of the right hip, swollen. In the right side of the vagina, extending

up as far as the uterus, there was a large, firm, elastic tumor, closing the passage and preventing the descent of the lochia. This it was determined to open, considering that sufficient reason therefor was afforded by the pain and restlessness, the dysuria, and the retention of the lochia, as well as the probable spontaneous rupture of the tumor. An incision made below the right nympha gave exit to a little watery blood, and opened a large cavity filled with clots, which were removed. A saturated solution of Monsel's salt, diluted with two or three parts of water, was twice applied, with the result of staunching the flow of blood within the cavity. Subsequently, the cavity was washed out daily with a weak solution of carbolic acid; recovery was reasonably rapid.

This is the first example of a thrombus,

except in the labium, that Dr. Sinclair had ever seen. The literature of the subject is very scanty. Cazeaux, who treats it thoroughly, does not seem to advise opening the tumor unless the symptoms are more urgent than they were in this case.

Dr. Abbot said that he had had a case somewhat resembling Dr. Sinclair's, caused by a kick given by the woman's husband at the seventh month of preg-nancy. The right labium was distended with blood and was as large as a child's head at birth, and very hard. Cold water was applied, and in a week the tumor had entirely subsided. At the time of labor a hard cord was felt, indicating the vein that had been ruptured. There was no further trouble. He inquired if the tumor in Dr. Sinclair's case was felt above the pubes.

Dr. Sinclair replied that it was not. When inside of the vulva, such tumors often entail much trouble. They have been known to cause death by bursting. If this one had burst into the vagina, the danger of mistaking the true source of the hæmorrhage would have been very great. A superficial aggregation of veins in the vagina might be ruptured by the passage of the child's head.

Dr. Lyman said he believed that the danger of hæmorrhage from incision was greater in the labia than in the vagina; in the latter case the chief danger would be that from air in the veins.

Dr. Sinclair believed that operative interference in cases like the one reported by him, would save much subsequent inconvenience, and would have to become the established rule. He agreed, however, with Dr. Lyman in thinking that no one would

operate except in case of urgent neces

In answer to Dr. Wellington, he said that he gave a teaspoonful of the fluid extract of ergot, in water, directly after labor, in all cases. It diminished the intensity of the after-pains, except those which immediately followed the termination of labor. The intensity of the after-pains might have been due in this case to the hæmatocele.

Dr. Ayer cited the authority of several experienced practitioners in favor of this custom. If the pains were natural and the contraction sufficient, he rarely gave ergot

Dr. Putnam thought the practice a very good one, in second or subsequent preg-

nancies.

Dr. Sinclair remarked that the ergot in this case was given from pure habit, without reference to the fact that this was a first pregnancy. The physician can feel much more secure if he adopt this practice; there is doubtless an advantage in everything which relieves the physician of anxiety; and considerations of this sort are by no means out of place, side by side with the more direct benefits accruing to the patient. On entering practice, he adopted the habit, afterwards dropped it, and was again compelled to take it up. Long-continued afterpains are due to incomplete contraction of the uterus, and as soon as contraction becomes complete the pain will cease; this seems the explanation of the seeming paradox of pains being stopped by ergot.

Dr. Fifield had abandoned the use of ergot after labor. In almost every case, he believes he prevents pains and flowing by a teaspoonful of laudanum given at that time. He spoke of others of his acquaintance who had had the same experience. Alternate dilatation and contraction are often a source of hæmorrhage. Pain always leads him to look and see if there be not some flooding.

Dr. Reynolds believed in the half hour or more of absolute quiet, which the physician should remain to enforce, after delivery. It would do more good than ergot or opium. He always puts on the bandage himself, and thinks it adapted to supply the place of the obstetrician's hand, which otherwise ought, in his opinion, to be kept applied over the fundus uteri, exercising a moderate pressure for three-quarters of an hour after

delivery, as a rule.

Dr. Fifield remarked that he had not himself applied a binder more than fifteen times in all. He is in the habit of instructing the nurse, if intelligent, how to grasp the uterus in case of hæmorrhage; this manœuvre

cannot be executed when a binder is on. He is unwilling to disturb the patient as much as would be necessary in applying

the bandage.

Dr. Putnam said that he invariably employed external manipulation, in the first instance, to ensure contraction, and afterwards maintained it by the bandage. The hand, especially if well lubricated, could be passed beneath it, if desirable, from time to time, to ascertain the condition of the uterus.

Dr. Reynolds stated that, in his opinion, the patient can seldom be raised, in applying the bandage, without causing an immediate unfavorable change, in respect to the size and contraction of the uterus.

Dr. Lyman said that he found his patients

always better satisfied if the binder were applied immediately after labor.
Dr. Read reported the following case:
Vomiting of Pregnancy cured by change in Position.—The patient was in the fifth month of pregnancy. For six weeks she had had labor-pains, with constant nausea and vomiting; during this time the os was dilated so that the fontanelle could be felt. All the ordinary remedies, as well as subcutaneous and rectal injections, and sup-positories, had no effect. The patient was so depressed and weak that the question of inducing labor was entertained; but as a last resort, before introducing Barnes's dilalast resort, before introducing Daries 8 dia-tors, it was thought best to try the effect of position, by placing the patient on a bed, and elevating the hips as high as conven-iently possible above the level of the shoul-ders. This measure was followed by an immediate diminution in the intensity of all the symptoms, and after a short time by their entire subsidence. In ten days, the patient was about the house, attending to her ordinary duties. Labor came on at the end of the sixth month, after a shock from hearing disagreeable news, and terminated in twenty-five hours. Rigidity of the os rendered the first stage tedious. The child was a healthy, strong boy; the mother did well, but the child afterward died.

Difficult Labor; Forehead to the Pubes; Adherent Placenta.—Dr. Fifield reported

The membranes were broken at 9, A.M., on the 3d inst.; there was no farther advance until 3, A.M., of the 4th; at 8, A.M., there were no pains, and the forehead was discovered to be presenting to the pubes. In the afternoon severe pains returned; at 91, P.M., there was no advance. Ether was given, and the forceps were applied. The head was quite high up, and required much force to deliver it. The child cried Vol. VIII.—No. 20a

loudly for ten minutes. The pains ceased entirely at this juncture; the shoulders could not be promptly delivered, and the child died. The placenta had to be detached by the hand. Hæmorrhage ensued and seemed to threaten life, but syncope was arrested by lowering the patient's head. Dr. Fifield remarked that the effects of ether in childbed never pleased him; it would often put an end to the pains just at the wrong time. He thought it caused a disposition to hæmorrhage.

Dr. Abbot said that he always gave ergot at the close of labor, after using ether, to

avert the danger of hæmorrhage.

Dr. Parks remarked that the cause of the extreme difficulty of the case might have been the fact of too early extension, by which the chin left the breast of the child

Dr. Fifield replied that he had never succeeded in remedying such a condition by the operation of flexing the child's chin on its breast. When it is impossible, under such circumstances, for the practitioner to deliver with his own unaided strength, craniotomy should be performed. To Dr. Reynolds :- " I never succeeded in making the quarter-turn by the aid of the forceps, so as to bring the head into the third or fourth positions; with the vectis I have not tried."

Dr. Reynolds said :- With the vectis you can lower the occiput, while the hand pushes up the forehead, but the forceps will not enable you to do so; on the contrary, it will make the forehead bear upon the

pubes.

Dr. Fifield agreed with Dr. Reynolds in his disapproval of the use of the forceps to lower the occiput in such cases. He inquired whether he had succeeded in this

manœuvre with the vectis?

Dr. Reynolds replied that he had once used it for this purpose, and, as he thought, with success. As to the manner in which the vectis was formerly used, he would say that he thought such text-books as Churchill's spoke from tradition in the matter, and not from the author's experience. The operation in question is not mentioned by him. If introduced by the front of the pelvis, as directed, the lever would do the most possible harm.

Dr. Putnam said that within his observation the vectis had been rarely if ever used

in this vicinity.

Dr. Sinclair described a case of twins, in which delivery was artificially produced by digital dilatation at the seventh month, on account of persistent vomiting. Both fortuses were males; one lived. One amniotic sac seemed to be contained within the other.

Dr. Buckingham spoke of a patient, deli-vered of her first child six months since. On the day of the meeting he had occasion to examine her with a speculum one inch in diameter, which gave excessive pain. It would be exceedingly difficult for any one to say, from simple examination, that the vagina was not that of a virgin.

Note.-In the last selection from the records of this Society (see page 121 of the present volume of this JOURNAL), in the report by Dr. Abbot of two forceps cases in which the forehead of the child was towards the pubes, allusion was made to Dr. Cotting's opinion that in the normal position of the child's head, in passing through the brim of the pelvis, the sagittal suture is in the antero-posterior diameter. It was not intended to imply that Dr. Cotting considers the forehead to the pubes to be the nor-mal position of the head, as some have been led to infer from the phraseology of the paragraph.

Medical and Surgical Journal.

BOSTON: THURSDAY, NOVEMBER 16, 1871.

THE SEVENTY-FIFTH ANNUAL REPORT OF THE BOSTON DISPENSARY.

" Boston has many noble charities, but no one of them is more modest in its demands, more silent in its work, or more useful in its deeds, than the Dispensary." A volume which has for some years had a place on our shelves informs us that the Boston Dispensary had its origin in 1796, and that, from that period, it has ministered, in its quiet way, to the relief of hundreds of thousands of the poorer classes of our community. The third institution of its kind in the country, the Dispensary has grown from an humble origin, until, at the present day, it is one of the permanent, and most respected institutions in our community.

The medical care of the poor has been a subject of deep interest to philanthropists in every age. The legitimate offspring of that Christianity which, while it feeds the hungry and clothes the naked, does not

the hospital has in our modern era been in itself one of the symbols of an enlightened philanthropy; and in the care of the poor in its wards, in clinics or in their own houses, it has called out, at all times, the

sympathy of the community.

Medical men and philanthropists alike know that the services and the bounty they give gratuitously and freely are sadly abused by unworthy recipients. It is a topic which has recently received much attention in our foreign and home journals; but we cannot now discuss the subject. It is an evil inseparably connected with any system so general in its action. Even if some who are possessed of means are the unworthy recipients of charity, and if food and clothing and medicine are delivered to those steeped in crime, or are squandered by improvidence or recklessness; grant these evils; they are, in our present state of society, necessary concomitants on charity; it is the "constant quantity" of waste which is inseparable from every system, and should not deter us from lending our hand to succor that far larger class the worthy poor. How we may best reduce to a minimum this waste we must discuss at another time.

The Boston Dispensary has its headquarters on Bennet Street, nearly at the centre of our population. At this place it gives advice and medicines to its out-patients, and, from it, sends out its district physicians into every street and lane of the city. Since July 1, 1856, the Dispensary has cared for 310,230 patients, and has dispensed 657,285 prescriptions. During the past year, 26,902 patients were treated, and more than 53,000 prescriptions were put up. The services are gratuitously rendered at the central office, and in the districts for a sum quite insignificant, considering the duties performed.

The public generally are little aware of the amount of professional work done by the dispensary. "This institution relieves the public hospitals to a great extent. There are many poor persons who prefer to remain at their homes during sickness, which they are enabled to do by the visits of the district physicians. This method is more ecofail to bind up the wounds of the suffering, nomical for the community, and more satisfactory to the patient. Not unfrequently, one hundred and fifty patients are examined at the central office by the physicians in a single forenoon, and of this number a large proportion would be unable to have medical advice, if it were not furnished in this way. By prompt attention, serious illness is often prevented. If an ounce of prevention is worth a pound of cure, it would be difficult to over-estimate the importance of this institution to the city."

With this constant care for a class which we have ever with us, with this evidence of a large amount of work done and a proportionate amount of suffering relieved, are not the managers of the Dispensary justified in demanding of the community its continued

support?

INTERESTING CASE IN PROF. HEBRA'S LEC-TURE ROOM .- We are indebted to Dr. P. A. O'Connell, of this city, for an account of a wonderful case of tattooing seen in Prof. Hebra's wards. We give it in his own words :-

"Vienna, October 25th, 1871.
"As I entered the lecture room of Prof. Hebra to-day, a short time before his lecture was over, to await the arrival of Dr. Neumann, who followed him in the use of the same room, I had an opportunity to see an exhibition such as I never saw before, and I believe such as very few persons in the civilized world have seen as yet. Standing upon the demonstration pedestal was a man of about 5 feet 9 inches, perfectly naked, and of a remarkably fine physique, on exhibition before the class. His form, attitude and general appearance were such that at the first glance I supposed the figure to be a bronze statue; one of the masterpieces of some first-class artist who had used imagination to assist nature, and had produced a fine model of manly development. Vigorous, muscular, in the prime of life, his form alone would have made him an object of interest; while in addition to this there was a coloring to his skin which no doubt assisted the herculean symmetry of his form in giving me my first impression in reference to his being a bronze figure. He was tattooed completely from head to foot, from top to toe. There was not a square inch, yea, not a square of even a quarter of an inch that was free from the coloring, and the work had been done in the most beautiful style imaginable. The the whole of his scalp covered with a black,

skin presented a very handsome appearance, far more beautiful, I believe, that ance, far more beautiful, I believe, than any leopard's skin can be, and having an effect like the elegant tracery of an exceedingly rich cashmere shawl; only that the coloring was done with indigo principally, with enough red inserted here and there to give it effect. His whole body, as it presented itself to view, was " a work of art"; and when one pauses to consider the immense amount of labor and the severe torture he must have undergone while this was performing, it will be easy to credit the statement that it was not a voluntary submission on his part, that made him the subject of the artist's skill. So far as I have been able to learn his story, it is this: That his name is George Constantine. He is a Greek by birth, and, in company with some other marauders, organized into a band of robmarauders, organized into a band of rob-bers, entered Chinese Tartary, for the pur-pose of committing depredations and rob-bing a gold mine. He, I presume, was one of the leaders of the gang. The expedition proved an unfortunate undertaking for some of them, however, as they were taken prisoners; and this man, in company with a few others-among them an American and a Spaniard—was ordered by the ruler of the country to be branded in this manner, so that everybody, whithersoever he went, would know him to be the greatest rascal in the world. The coloring on the palms of the hands consists of letters beautifully made, stating his case. That he did not recognize the difference between 'meum and tuum;' that he was the greatest rascal and thief in the world, &c. &c. &c., and warning people everywhere to beware of him. (This is the interpretation. The let-ters, of course, are not of our style or lan-

guage.)
"It took three months of constant work to finish the job on him, working continually every day from morning till night; and his vigor of constitution must have been remarkable to have enabled him to survive it. His comrades succumbed, whether during the operation, or subsequently, I do not know. The indigo was pricked into the skin, as one may readily imagine, without any regard for his feelings; and he says, in his profane vulgarity, that his sufferings exceeded those of 'Jesus Christ.'

"As I have said already, I do not think that it would be possible to find a square even one-quarter of an inch in size upon the surface of his body free from coloring. And on his head, conjecture said there must have

Malay-looking swipe, which no persuasion could prevail upon him to remove.

"The different designs were not, each, more than a few inches in size, and they were representations of elephants, lions, tigers, birds of all kinds, with letters worked in between, referring, I presume, to his wickedness, each design being in itself a work of art, and the effect of the whole (with its thin outlines of the natural skin. tinted here and there with red, and winding its tortuous course all over the body) being very beautiful. No part of his body, however private, was spared; and when he ex-tended his arm over his head, the symmetry of design and the same elegance of execution showed in the axilla, as in the more noticeable and exposed parts of his body. A couple of dragons ornamented, and glared at each other across his forehead. cheeks had received their allowance of pigment, and his rough, wiry beard half-con-cealed and half-disclosed the labor that had been expended on the ornamentation of that part of his person. Altogether, he was a wonder to look upon. And with his dark, sinister eye glaring out from under his black head-covering, his muscular, finelydeveloped form, and the history connected with his case, one would recognize in him at once an incarnation of the legendary brigand chief or pirate captain; and I believe that the warning he carries upon his skin deserves to be heeded. 'Beware of him!' He is a wicked rascal, and is capable of being a fiendish one. "The fellow dresses in a piratical way,

and does not receive any addition to his looks from his clothing. He has lately escaped from the scene of his punishment, and I think has an idea that his strange and fearful ordeal may be converted into a means of making his fortune now, exhibiting It is five years since the deed was done. His body swelled up very much at the time, was very sensitive to the weather, and continues somewhat sensitive to the weather even now. While the artist was at work, it was necessary, of course, to chain him down. I have no doubt but that he intends to exhibit himself as a means of getting a living. He intimated as much, referring to England and America as places that would pay him well-and thus in time our countrymen may have an opportunity to see him."

THE ROXBURY DISPENSARY:-From the

bury Charitable Society, for the year ending Sept. 30, 1871, we learn that the whole number of patients treated was 367-males 107, females 260. Of these 46 were Americans; 288 were Irish; other nationalities. 33. 312 were relieved or cured; 30 died; 5 were sent to hospital, and 4 were considered unworthy of being continued as patients.

THE PROFESSION AT THE WEST .- Our brethren in the newer portions of the country exhibit a healthy, vigorous tone occasionally in what they say and write, which puts fresh vigor into our slower-going pens of the East. Their utterances go off with a snap, like the crack of a rifle, and some game is sure to fall before the shot. We are glad to see them moving on actively in the cause of true medical science; it is an old cry-"the elevation of the standard"but the energy which has subdued and peopled the western prairies is destined to go farther than mere physical contest with the soil, and will soon overtake us of the East in the paths of science and in actual professional advancement. Our medical brethren there know that it is only by study and toil and observation that any advance can be made in the profession. We cordially extend them our sympathy in the evidence we recognize in their journals of the progress they are making in the profes-

Just at this time we are induced to copy a paragraph from the Leavenworth Medical Herald; it has the true grit, and is as true for Massachusetts as it is for Kansas.

"We are almost ashamed to publish our journal without at least two original communications appearing in each number. We are frequently compelled to furnish them ourselves, or fill up the entire copy with matter clipped from other journals. This should not be. We have plenty of physicians in this State who are amply capable of writing original matter if they would. We can't see the sense in being so intolerably indifferent and lazy; we are certain that your practice don't require your whole time; if it does, you have more patients than we have. Supposing you wake THE ROBBURY DISPENSARY:—From the up and seize hold of your pen and see condensed annual report of the Physicians of the Dispensary Department of the Rox- fied to do a little routine practice every day, read a newspaper, if you take one or can borrow one from your neighbor, and then sleep for the remaining time. We want to make this a live, readable journal, one that will be equal to any in the country. How are we to do it if you don't assist us? Go to work and bring yourself before the people, show them that there is brain in the medical profession as well as in other professions. Don't be drones all your lives. We must crowd things if we expect to accomplish anything in this life."

THE WASHINGTONIAN HOME. - The Thirteenth Annual Report of the Washingtonian Home informs us that the institution has had the past year the same gratify-ing measure of success that has for so mg measure of success that has for so many previous years attended its efforts, and although there have been thirty-one cases of delirium tremens, many of them being of a dangerous and alarming cha-racter, attended by various complicated diseases and allments consequent upon prolonged habits of intemperance, not a single death has occurred among the inmates. The whole number of patients under charge in thirteen years, ending October 1st, was 3,690. The number this year was 276, an average of 23. This is 28 less than the last year, although many of them staid a longer period of time, which is regarded as a great gain, for the reason that permanent reformation is made more sure. The rage cost of each patient was \$42.63.

During the past year, more than one hundred out-patients have been treated who in many respects are as much indebted to the Home for their restoration to health and temperance as they would have been by entering the institution as regular

boarders.

"As this report is intended for general circulation, it may be well to detail in a few words the character of our treatment. We endeavor to make our institution a home in reality as well as in name, to every inmate. It is supposed that every applicant is de-sirous to reform his habits altogether, and not simply to get over a debauch, and that he voluntarily seeks our aid to help him in his hour of trial. All we ask of him is, to so far aid us in accomplishing this work as to consent to follow the simple rules that may be found following this report. No bolts or bars are placed between him and perfect liberty. He is only put upon his honor to refrain from drink so long as he is under our care, and before we discharge him every effort is made to indoctrinate him

with the true principles which may lead to total abstinence for life. Complete physi-cal restoration is effected in from four days to as many weeks; in some cases months may be required to accomplish this result.

The body being well, the mind is then
worked upon, and what with the advice and warnings of the officers, * * * it must be a stolid and callous mind indeed that cannot gain daily strength and find continued incentives to form and fix a determined resolution to forever abstain from trifling with an enemy that never has and never can be beaten except by being let alone."

During the past year, legacies amounting to thirty-five hundred dollars have been received—two thousand dollars from the trustees of the Nabby Joy estate, to be invested and kept as the "Nabby Joy Fund," the income only to be used, and fifteen hundred dollars left by the late Robert C. Waserston, Esq., which has been added to the building fund. ceived-two thousand dollars from the

The present property of the corporation amounts to more than \$60,000, including a lot of land on Warren Avenue, on which it is proposed to build, so soon as the necessary sum can be obtained.

SIMILIA SIMILIBUS.—In the newspapers of the day may be found the following deci-sion of the U. S. Internal Revenue Depart-

"The trial concerning the position of 'spiritualism' in the United States has at last been settled. It is now decided that those who practise spirit-rapping, table-turning, and the other follies of the pretenders to intercourse with another world, are jugglers, and must pay the tax imposed upon those who practise the art of conjuring, and take out the usual license.'

In the "Publications of the Massachusetts Homœopathic Medical Society," vol.

i., 1871, p. 347, we read:-

"Among all the modern modifications of the healing art, there is but one which, in pathy—and that is the practice of the Spiritualists."

Simillime, verily!

THE CHICAGO COLLEGE OF PHARMACY has lost everything it possessed during the late disastrous fire, with the sole exception of its members. The cabinets, the library, the furniture of their hall, the "Pharmacist," course of lectures had been opened in the first week of October, and the prospects were bright for a full class, when the conflagration destroyed in a few minutes what had cost years of labor to build up. It is possible that, notwithstanding the calamity, the lectures may be resumed during this winter; but, to assist the College and, if possible, to help the "Pharmacist" on its feet again, it is the plain duty of all subscribers to and advertisers in the latter to send in their dues for subscription and advertising without delay, and we appeal to all who may be indebted in any way to our young sister institution, to forward their dues to Prof. A. E. Ebert, corner of Twelfth and State Streets, Chicago, who escaped the enormous destruction of property, and who will receive all moneys for the College.

Druggists, manufacturers, publishers and others, who are able to contribute specimens of drugs, chemicals, apparatus, or publications, have an opportunity of aiding the cause of pharmacy, if they will make such donations to the cabinets and to the library. Since the College lost everything, anything relating to pharmacy as a trade or profession will be an acceptable and welcome gift .- Am. Journal of Pharmacy.

Poisoning by Strychnia .- At a meeting of the Medical Society of the District of Columbia, Dr. J. W. Van Arnum read a report to the following effect :-

The patient, a woman, became speedily affected with tetanic convulsions, which were relieved after the administration of chloral, gelseminum, and deodorized tincture The improvement, however, of opium. was but temporary, for, in two hours after the cessation of the spasms, there was a recurrence of all the symptoms, followed in a short time by death. The Doctor was of opinion that the remedies had been successful in relieving the symptoms, but that, during his absence, a second dose was taken, larger than the first, which soon produced a fatal result. To which one of the remedies the credit should be given for the apparent benefit, the Doctor could not determine.

Dr. Thomas Miller spoke of the case of Gardner, who had taken a poisonous dose of strychnia immediately after sentence had been pronounced against him. first symptoms were not presented until half an hour had elapsed. This was to be attributed to the fact that the powder was enveloped in paper, and, therefore, time Bedford said: "Of late, we have bee was required before the poison was set ing in an atmosphere of abortion.

free in the stomach. He called attention to a case of spinal irritation, where all the symptoms of strychnia poisoning had been manifested. The only explanation which he could offer, was that the irritation was reflected from the stomach to the spinal

Dr. Toner referred to several cases which he had seen of poisoning by strychnia; in one, there were three convulsions in half an hour; during the third, the patient died. In another, death resulted in half an hour after the ingestion of the poison.

At a subsequent meeting, Dr. Antisell communicated to the Society a series of observations and experiments undertaken by himself and Dr. Eldredge, with a view of discovering the value of chloral as an antidote for strychnia. The conclusions to which he arrived were as follows:-

First. That chloral is not an antidote for strychnia, there being no chemical affinities

between them.

Second. That, under the conditions existing in the human system, chloral is not decomposed into chloroform, as Liebreich first thought; this change only takes place

in the presence of a caustic alkali.

Third. That, from experiments upon dogs, it is seen that the spasms produced by strychnia are relieved by the hypodermic injections of chloral, and that, when this agent is given in repeated doses, death is delayed, sometimes altogether averted.

Fourth. That, where death ensues rapidly upon the ingestion of a large quantity of the poison, the morbid changes are confined to the brain and its membranes, which are congested, showing often serous effusions and apoplectic clots; but that, when a smaller dose is given, the lesion is found in the spinal cord, consisting of marked congestion of the gray matter, with aneurismal dilatations of the capillaries.

Fifth. That, in idiopathic tetanus and hydrophobia, similar pathological changes

have been described.

Dr. King thought that hydrate of chloral could be of no benefit, except in combatting the spasm of the respiratory muscles. -National Medical Journal.

NEW YORK ACADEMY OF MEDICINE. -At a meeting held on the 21st of September, 1871, the following preamble and resolu-tions were unanimously apopted:—

Whereas, In charging the grand jury on September 6th (inst.), Judge Gunning S. Bedford said: "Of late, we have been liv-

very air is indeed heavy with the dark deeds of these heartless and unscrupulous specimens of human depravity, professional abortionists. Let the warning word this day go forth, and may it be scattered broadcast through the land, that from this hour the authorities, one and all, are to put forth every effort, and strain every nerve, until these traffickers in human life be exterminated, and driven from existence, by fully vindicating the majesty of the law in all of these cases of its fiendish violation. Let me express the earnest hope—shared in, as I feel confident it will be, by you and by all right-minded citizens—that the legislature at its next session will amend the statutebook, so that instead of reading, " any person who shall administer to any woman with child, or prescribe for any such woman, or advise or procure her to take any medi-cine, drug, substance, or thing whatever, or shall use or employ any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, unless the same shall have been necessary to preserve her life, shall, in case of the death of such child or of such woman, thereby produced, be deemed guilty of man-slaughter in the second degree," it may read, "shall be deemed guilty of murder in the first degree." Then the punishment would be death. Now, the crime being simply manslaughter in the second degree, the punishment is only imprisonment, not exceeding seven years:"

Resolved, That, in the opinion of the New York Academy of Medicine, the author of that language has, by so public a declaration of his sentiments, his intentions and his hopes, given us reason for renewed expression of highest commendation, has vincitated the already widely-expressed support from the medical profession of the country, of the course he has hitherto pursued, and has, we trust, greatly strengthened the esteem and confidence in which he

is held by the public.

Resolved, That this Academy, in the discharge of the duty its professed objects commend—to promote public health and public morals—pledges all its influence and efforts, in support of any legislative or other measures which our law-officers may propose, as offering a reasonable promise of mitigating, if not removing, the pestilence of criminal abortion which is upon our country.

Resolved, That to remove all doubt from the public mind, in regard to the position of the New York Academy of Medicine in Phil. Med. Times.

this important matter, to secure the influence upon the State authorities desired by this expression, and to stimulate the medical profession generally to similar acts, a copy of this preamble and these resolutions be forwarded to Judge Bedford, to District Attorney Garvin, and to the New York Bar Association; that the leading daily papers of this city, and its medical journals, be furnished with the same; and that the secular and medical papers and journals throughout the country be requested to copy.—
N. Y. Med. Jour.

SINGULAR INSTANCE OF SOMNAMBULISM. — Some friends visited La Fontaine one evening and found him asleep. While talking with his wife, La Fontaine entered in his nightcap, without shoes or stockings, just as he had risen from his bed. His eyes were half open, but he evidently saw no object; he crossed the dining-room where the party were sitting, went into a little closet or cabinet that served him for a study, and shut himself up in the dark. Some time after, he came out, rubbing his hands, and testifying much satisfaction, but still asleep; he then went through the diningroom, quite unconscious of the presence of any one, and retired to bed. His wife and friends were very curious to know what he had been about in the dark. They all went into his study, and found there a fable newly written, the ink being still wet, which brought conviction that he had written and composed it during his dream. The admirers of this most original author may wish to know which fable was composed under these extraordinary circumstances. It is one that is replete with the most natural and touching language—it is that which unites the utmost grace of expression lan-guage is capable of—in a word, it is the celebrated fable of *The Two Pigeons*.— Med. and Surg. Reporter.

CATTLE-TICK IN THE HUMAN EAR.—A young man, says the American Naturalist, late a resident of New Mexico, applied to Dr. Boucher, of lowa City, suffering from inflammation of the external auditory meature, which had persisted for four months. Dr. B., after careful examination, successfully removed a live specimen of the cattle-tick (Ixodes bovis), which had evidently effected entrance into the canal while the sufferer was sleeping in the open air, as had been his habit while residing in New Mexico.—Phil. Med. Times.

Medical Miscellany.

UNPAID MEDICAL SERVICE.—The editorial in the November number of the Detroit Review of Medicine and Pharmacy is a very excellent one, and we agree with its sentiments most heartily; but did it occur to the editor, while he was copy-ing it, that, in using material from this JOURNAL, he failed to give our contributor the only recom-pense that gentleman would ask for his labor, that of simple acknowledgment?

THE appearance in the American Journal of Medical Sciences of an essay on "Ether and Chlo-roform; their Physiological Action and Compara-tive Amesthetic Merita," by Mr. Wm. J. Morton, rotorm; their Physiological Action and Compara-tive Anæsthetic Merits," by Mr. Wm. J. Morton, Interne at the Massachusetts General Hospital, reminds us to state that he was the recipient of one of the prizes of the first class awarded by the Boylston Medical Society for 1871; the other prize, of equal value, was taken by Mr. W. P. Bolles.

In the title of the article on Dentigerous Cysts on page 145 of this volume, we should have announced the latter gentleman as the recipient of one of the first prizes of the Society.

AN INSTRUMENT TO FACILITATE POST-MORTEM EXAMINATION OF THE HEAD.—Mr. Jessop describes in the British Medical Journal for September 1st, an instrument which he has devised for this purpose. "The instrument," he says, "consists of a solid base of brass, with two thumbscrews, by means of which it can be firmly fastened to the post-morten table or coffin-board. Attached to the base by two strong hinges is a radial slide, also of brass, in which is fitted a steel spring or clip for holding the head, capable of being moved to either extremity of the slide, and of being held fast at any point by means of two thumb-screws. The blades of the clip are made to secure the head, as in a vice, by means of thumb-screws. The blades of the clip are made to secure the head, as in a vice, by means of a leather strap passed through their extremities over the forehead. The backward and forward movements of the radial slide are limited by a quadrant with thumb-screw, and enable it to be set at vary-ing angles with the base. The instrument is also fitted with clips of different sizes and of lighter make, covered with leather, for use in the operating-theatre in cases where the head is required to be held steadily and in which chloroform is inadmissible or otherwise unnecessary."—Phil. Med.

Treatment of the Last Stage of Cholera, —Prof. Filippo Pacini, of Florence, in a little pamphlet just published, Sull ultimo Studied Cholera, is of the opinion that in the stage of apparent death which closes the scene in that disease, the only available means at hand for resuscitation is the injection of salt water into the veins. The places of election for this delicate operation he lays down as the cephalic, brachial, or external jugular veins, and his mixture is 10 grammes of fine salt to one kilogramme of water. He uses the salt one time 200 grammes of this solution at a temperature of 40° centigrade. After one kilorame 200 and 40 years, 15—between 20 and 40 years, 15—between 40 and 60 years, 14—between 20 and 40 years, 15—between 40 and 60 years, 14—leand, 19—other places, 15.

gramme has been injected without effect, he regards the case as bopeless.—Medical and Surgical Reporter.

COLLODIUM CUM OL. RICINI.—A writer in the Archives Générales de Médecine recommends a mixture of collodion and castor-oil in cholera. The algid stage of cholera is arrested by painting thirty or forty grammes over the abdomen. It stops the vomiting of cholerine and cholera, and provokes a sudoral crisis, in which the poison is eliminated. N. Y. Med. Record.

Whooping-Cough,—Dr. Miller, member of the Esculapian Society of the Wabash Valley (Am. Practitioner), finds that bromide of ammonium, in combination with tincture of veratrum, is exceedingly useful in whooping-cough.—Ibid.

THE Geneva, N. Y., Medical College proposes to convey to the Syracuse University, the Library, Museum, and apparatus of the Geneva Institution. -College Courant.

To Correspondents.—Communications accept On the Tables given by Loring and Knapp to sho Displacement of the Retina in Americapia.—Enucle of the Eyeball.—Graefe's Operation and Statistics cated.—Emphysema during Labor.

Correction.—On page 275, first column, 14th line from foot of page, for "hour" read minute.

Deaths in seventeen Cities and Towns of Massachusette for the week ending Nov. 11, 1871.

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Cities and Toenas. Boston Charlestown Worcester Lowell Milford Chelsea Cambridge Salem Lawrence Springfield Lynn Flichburg Newburyport Somerville Fall River Fall River Haverhill Holyoke		Prevalent Diseases, Consumption . Pneumonia Typhoid fever Croup and Diphtheria Scariet fever Dysentery & Diarrhea
	220	

Lowell and Lawrence each report one death from mallpox.

GEORGE DERBY, M.D., Secretary of State Board of Health.